

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014856

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

FILED

Registration District No.

128

Primary Registration District No.

200

Registrar's No.

623

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Springfield

Length of stay in lb

2 Wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. John's Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Taney

c. CITY
OR TOWN

Kearney Mills

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rural

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CLEO

Middle

D.

Last

HAMILTON

4. DATE OF DEATH

Month

April

Day

16

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 14, 1916

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months Days Hours Min.

10 2

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Guy Ford

13b. MOTHER'S MARDEN NAME

Cassie Wyatt

14. NAME OF HUSBAND OR WIFE

Jess Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no none

16. SOCIAL SECURITY NO.

17. INFORMANT

Jess Hamilton

Address

Kearney Mills Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the lung

INTERVAL BETWEEN ONSET AND DEATH

6 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1961 to April 1962 and last saw her alive on April 14 1962
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. Yates Trotter MD

22b. ADDRESS

Prof. Bldg Springfield Mo

22c. DATE SIGNED

4-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

4-18-62

23c. NAME OF CEMETERY OR CREMATORY

Kearney Mills

23d. LOCATION (City, town, or county)

Kearney Mills Mo

24. FUNERAL DIRECTOR

Walter Cobb Brown MD

ADDRESS

4-27-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Effie S. Mellon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10397

2/0602

3

4 1

5 1

6

7 0

8 0

9 163X

10

11

124-0

13

MAY 8 1962

MAY 8 1962

Permit renewed 4-16-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Bice M. Abbott
Licensed Embalmer No. 5115

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.